	RTMENT OF PU		HEALTH AND WI	747	·		/ 000	Registrar's No	2.32	STATE	FILE NUN	VREK
AMEND	DED	_R	egistration District No		mary Regi	istration Dist	rict No. 7_9_9_	Registrar's No.		<u>, </u>		
		=;	PLACE OF DEATH	MIR & J_1502				2. USUAL RESIDENCE				esidence befo
ااد	1 1		a. COUNTY JÄCKSON				i	a. STATE MISSOURI b. COUNTY JACKSON		ı	admission)	
<u> </u>		l —	b. CITY (If outside co	rporate limits, give TOWN		y) Len	gth of stay in 1b	c. CITY	JOR1	JACKSON	•	Inside Limit
AMENDED		OR TOWN KANCAC CITY				15		OR			Yes □ No	
{ 	1	l —	c. FULL NAME OF (If	NOT in hospital, give local	ation)		5 yrs Inside Limits	d. STREET	SAS CITY	tside, give locati	ion)	Reside on Fa
DATE		1	HOSPITAL OR		•		Yes No 🗆	ADDRESS	•			Yes No
집 [l —		1661 A.	E Zno	36	, J	100	51 A. E	2nd St		
	77		NAME OF DECEASED (Type or print)			Midd		Last	4. DATE	Month	Day	Year
			(Type or print) EDWARD			BLA		ACKBURN OF DEATH 1		-13-62		
j	1	- 5	. SEX	6. COLOR OR RACE	7. Ma	arried 🔲	Never Married [8. DATE OF BIRTH	9. AGE (last bir			IF UNDER 2
		10	Male	Negro	Wid	lowed 💢	Divorced 📋	5-5-1888	73 yı	rs Months	Days	Hours
	1		a. USUAL OCCUPATION	(Give kind of work done	10b. KI	ND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (C	ity and state or co	ountry) 12. CIT	IZEN OF V	VHAT COUN
- -	111		during most of working	ng life, even if retired)	1			Tedville.	Arkansa	s US	SA	
		13	a. FATHER'S NAME			13b. MOTHE	R'S MAIDEN NAME			NE OF HUSBAND	OR WIFE	
		n.	rris Blackbu	urn		Ur	nknown			Unknown		
	1 1			IN U.S. ARMED FORCES	, —		L SECURITY NO.	17. INFORMANT		Address	· N.	phew
ļ	1 1 1	(Y	es, no, or unknown) (If	yes, give war or dates of	service			Ch = -1 = -	V	1607 5		<u>'</u>
] _	[-,	18. CAUSE OF DEATH	(Enter only one cause pe	r line f		_1	Charles	<u>vaugnn</u>	1607 E.		Stree!
!			PART I.	(Enter only one cause per DEATH WAS CAUSED BY		\neg $+$		A	•		ON	SET AND DE
<u> </u>	₹			IMMEDIATE CAUSE (ه) <u>ر</u>		DALOT.	- V A A A-	711		I	
<u> </u>								COL	Lier			
	1 181					-			<u> </u>			
≦	DOCUMENT		Conditio	ons, if any,) DUE TO ((b)							
2 E	OQ		which go above (ave rise to Cause (a),	(b)						·	
NO EX	DOG		which g above o stating t	ave rise to					·			
E SOL	DOC	N	which go above of stating to lying co	ave rise to cause (a), the under- ause last. DUE TO	(c)	ONS CONTRI	BUTING TO DEATH	but not related to	the terminal	PART III. IF do	eceased v	vas female
Kara kara kara kara kara kara kara kara	DOC	VTION	which go above of stating to lying co	cause (a), the under- lause last. DUE TO	(c)	ONS CONTRI	BUTING TO DEATH	i but not related to	the terminal	there	a pregnanc	cy in last 90
	DOC	ICATION	which go above of stating to lying co	ave rise to cause (a), the under- ause last. DUE TO	(c)	Ler	relite	7		there Ye	a pregnanc	cy in last 90
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	DOC	<u> </u>	which g above stating t lying c. PART II.	ave rise to cause (a), the under-lause last. DUE TO OTHER SIGNIFICANT (disease condition given) 20a. ACCIDENT SUICIL	(c)	AICIDE	BUTING TO DEATH	7		there Ye	a pregnanc	cy in last 90
	DOC	CERTIF	which g above stating s lying c	cause (a), the under- lause last. DUE TO OTHER SIGNIFICANT (disease condition given	(c)	Ler	relite	7		there	a pregnanc	cy in last 90
	DOC	CAL CERTIFI	which g above stating signing c. PART II. 19. WAS AUTOPSY PERFORMED YES NO 1200. TIME OF Hour	ave rise to couse (a), the under-ause last. DUE TO OTHER SIGNIFICANT (disease condition given	(c)	AICIDE	relite	7		there	a pregnanc	cy in last 90
	DOG	<u> </u>	which g above stating to lying c. PART II. 19. WAS AUTOPSY PERFORMED 2 YES NO METER 11.	ave rise to couse (a), the under-ause last. DUE TO OTHER SIGNIFICANT (disease condition given	(c)	AICIDE	relite	7		there	a pregnanc	cy in last 90
	DOG	CAL CERTIFI	IP. WAS AUTOPSY PERFORMED YES NO WILLIAM POR INJURY OCCURRED OCCUR	ave rise to couse (a), the under-lause last. DUE TO OTHER SIGNIFICANT (disease condition given) 20a. ACCIDENT SUICIL Month, Day, Year ED 20e. PLACI	(c)	AICIDE	or about home, 2	7	(Enter nature of in	there	a pregnances N	cy in last 90 a Ur of item 18.)
	DOG	CAL CERTIFI	19. WAS AUTOPSY PERFORMED 2. YES NO 1NJURY A.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK	ave rise to couse (a), the under-ause last. DUE TO OTHER SIGNIFICANT (disease condition given 20a. ACCIDENT SUICIL Month, Day, Year ED 20e. PLACI	(c)	AICIDE .	or about home, 2	INJURY OCCURRED.	(Enter nature of in	there ☐ Ye.	a pregnances N	cy in last 90 o Un of item 18.)
	DOG	CAL CERTIFI	IP. WAS AUTOPSY PERFORMED YES NO WILLIAM POR INJURY OCCURRED OCCUR	ave rise to couse (a), the under-ause last. DUE TO OTHER SIGNIFICANT (disease condition given 20a. ACCIDENT SUICIL Month, Day, Year ED 20e. PLACI	(c)	AICIDE	or about home, 2	INJURY OCCURRED.	(Enter nature of in	there Yes	a pregnances N	cy in last 90 a Un of item 18.)
	DOG	CAL CERTIFI	19. WAS AUTOPSY PERFORMED 2. YES NO 1NJURY A.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK	Aver rise to couse (a), the under-ause last. DUE TO OTHER SIGNIFICANT of disease condition given Month, Day, Year MORK 20e. PLACE farm,	(c)	AICIDE	or about home, bldg., etc.)	INJURY OCCURRED. Of. CITY, TOWN, OR	(Enter nature of in	there Yes	a pregnances N	cy in last 90
NEAU TO THE TOTAL THE TOTAL TO THE TOTAL TOT	DOG	CAL CERTIFI	which g above stating lying c. PART II. 19. WAS AUTOPSY PERFORMED YES NO WORK NOT WHILE AT WORK NOT WHILE AT V	Averise to couse (a), the under-ause last. DUE TO OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICIL COURSE COU	(c)	AICIDE	or about home, bldg., etc.)	INJURY OCCURRED.	(Enter nature of in	there Yes	a pregnances N	cy in last 90
		CAL CERTIFI	which g above stating signing control of the state of the	Averise to couse (a), the under-ause last. DUE TO OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICIL COURSE COU	(c)	AICIDE	or about home, 20 bldg., etc.)	INJURY OCCURRED. Of. CITY, TOWN, OR	(Enter nature of in	there Yes	a pregnances Nr PART II o	o Un last 90 o Un Un of item 18.) STA
NEAU TO THE TOTAL THE TOTAL TO THE TOTAL TOT	OF	CAL CERTIFI	19. WAS AUTOPSY PERFORMED 2. YES NO INJURY A.m. p.m. 20d. TIME OF HOUT INJURY OCCURRE WHILE AT WORK NOT WHILE WORK NOT WHILE WHILE WORK NOT WHILE WORK NOT WHILE WHILE WORK NOT WHILE WORK NOT WHILE WHILE WHILE W	Aver rise to couse (a), the under-ause last. DUE TO OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICIL Month, Day, Year ED	CONDITION OF PART I	AICIDE	or about home, 20 bldg., etc.)	Of. CITY, TOWN, OR	(Enter nature of in	there Yes	a pregnances Nr PART II o	o Un last 90 o Un Un of item 18.) STA
SHOULD KEAD	VITOF	fillman medical certif	which go above stating (lying control of the part of t	Aver rise to couse (a), the under-ause last. DUE TO OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICIT Month, Day, Year ED 20e. PLACT Farm, VORK C 10e	CONDITION OF HOME	JRY (e.g., in treet, office	or about home, 20 bldg., etc.)	Of. CITY, TOWN, OR and date stated above, ar 22b. ADDRESS	(Enter nature of in	there Yes	a pregnances Nr PART II o	o Un last 90 o Un Un of item 18.) STA
IO. SHOULD KEAD	VITOF	fillman medical certif	which go above stating lying compared to the part II. 19. WAS AUTOPSY PERFORMED YES NO WILL AT WORK NOT WHILE AT WORK NOT WORK N	Aver rise to couse (a), the under-ause last. DUE TO OTHER SIGNIFICANT of disease condition given To a ACCIDENT SUICIT OF THE CONTROL OF THE	CONDITION OF HOME	IRY (e.g., in treet, office	or about home, 20 bldg., etc.)	of. CITY, TOWN, OR and a date stated above, ar 22b. ADDRESS MATORY 22	(Enter nature of in LOCATION last saw her him alive hid to the best of not here.)	COUNT con ny knowledge, fr	a pregnances Nr PART II of	o Uniof item 18.) STA Uses stated.
INS I	OF	L. M. Tillman Medical Certifi	which go above stating (lying control of the part of t	Aver rise to couse (a), the under-lause last. DUE TO OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICIL Month, Day, Year ED 20e. PLACI farm, WORK (1) Ceased from (Decay County Co	CONDITION OF HOME	IRY (e.g., in treet, office	or about home, 20 bldg., etc.) m on the cemetery or createry or c	of. CITY, TOWN, OR and a date stated above, ar 22b. ADDRESS MATORY 22	LOCATION Locati	COUNT con ny knowledge, fr	om the cau	o Uniof item 18.) STA Uses stated.

STATEMENT BY LICENSED EMBALMER

1. 1

or by	orded on the reverse side of this certificate was embalmed by me,
working under my personal supervision.	Res D. Jan.
StudentSignature of Student Embalmer	Signed Street F. Commer No. 4500
	P. O. Address 18 27 Sento

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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